Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB N046079			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			B. WING		01/25/2013		
NAME OF PROVIDER OR SUPPLIER SWEET LIFE AT BROOKDALE PLACE				TE, ZIP CODE			
				6209			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
INITIAL COMMENTS	3		S 000				
The following citation Licensure Resurvey.	s represent the findings	s of a					
26-41-205 (h) Medica	ation Storage		S3215				
(h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication aides shall have access to the stored medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration.		II cals on lity in ked :: shall lity in ation nacy					
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS The following citation Licensure Resurvey. 26-41-205 (h) Medica (h) Storage. Licensed aides shall ensure the biologicals are secure accordance with each recommendations or provider and with fed regulations. (1) Licensed nurses of store non-controlled in managed by the facili room, cabinet, or med nurses and medication separately locked con medication room, cab Only licensed nurses have access to the st biologicals. (2) Each resident ma self-administering medications in a place the resident, licensed aides. (3) Any resident who and is unable to prov recommended by the provider may request stored by the facility. (4) A licensed nurse of administer medications or pharmacy provides	ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FL REGULATORY OR LSC IDENTIFYING INFORMATI INITIAL COMMENTS The following citations represent the findings Licensure Resurvey. 26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored accordance with each manufacturer 's recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologi managed by the facility in a locked medication room, cabinet, or medication cart. 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TITLE (X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				A. BUILDING B. WING			
N046079						01/2	5/2013
NAME OF PROVIDER OR SUPPLIER STREET AL				RESS, CITY, STA	ATE, ZIP CODE		
SWEET LI	FE AT BROOKDALE PLA	ACE	12000 LAM OVERLAND	AR DPARK, KS 6	66209		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
S3215	Continued From page 1			S3215			
	This REQUIREMENT is not met as evidenced by: 26-41-205(h) The facility census was 80 residents. Based on observation, record review, and staff interview, the facility failed to dispose of outdated narcotic medications and 3 dispensing cards of stock medications in one of 2 medication carts available for use.						
	Findings include: - On initial tour 1/15/13 at 2:30 P.M. a medication cart equipped with a locked box contained 2 cards of narcotics that were expired. The medication cart also contained stock medications which had 2 expired cards of Aspirin 325 milligrams and 1 expired card of a multivitamin. Interview with licensed staff C on 1/15/13 at 2:35 P.M. stated the certified medication aide was required to check the carts for expired medications on the night shift.						
	facility shall not use o	I 2007 documented the outdated drugs or biolog					
	The facility failed to d medications in a time						
S5380 SS=F	3			S5380			
	(i) Plumbing and piping systems.						
	, ,	vention devices or vacualled on fixtures to which e attached.					

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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			STREET ADD	RESS, CITY, STA	TE, ZIP CODE		-00.10
SWEET LIEE AT BROOKDALE BLACE		12000 LAM OVERLANI	AR DPARK, KS 6	6209			
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	(2) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. The temperature of hot water shall range between 98° F and 120° F at showers, tubs, and layatories accessible to residents.						
	tubs, and lavatories accessible to residents. This REQUIREMENT is not met as evidenced by: The facility identified a census of 80 residents. The sample included 3 residents. Based on observation, interview and record review the facility failed to maintain water temperatures within a safe range for 1 of 1 day observed.						
	Findings included: - Tour of the facility common areas on the secured unit on 1/15/13 at 2:30 P.M. revealed the water temperature of the ice cream parlor sink was 124 degrees Farenheit (F) and the kitchen sink was 125 degrees F. A second temperature check performed with director of environmental services staff B revealed the ice cream parlor water temperature was 124 degrees F and the kitchen water temperature was 122 degrees F. Staff B, at that time, acknowledged those water temperatures were too high.						
	temperature was 124 temperature of the kit 3:40 P.M. was 122 de Interview on 1/15/13 a environmental service he/she checked the n temperatures bounce then stabilized after a temperature read about 124 temperatu	at 2:43 P.M. with es staff B reported when hixing water valve the d up to 126 degrees F bout 60 seconds and th out 118 degrees F. He/S mperatures were check	er 5 at n and ne She				

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NAME OF PROVIDER OR SUPPLIER SWEET LIFE AT BROOKDALE PLACE (X41)D PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) S5380 Continued From page 3 Continued From page 3 S5380 Continued From page 3 S5380 The facility provided a policy without a date entitled Water Temperature Policy which directed the facility to follow the state regulations regarding water temperatures and the facility would have the maximum variation of 98 degrees to 120 degrees F. The facility failed to maintain water temperatures within regulatory ranges.	AND PLAN OF CORRECTION IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
STREET ADDRESS, CITY, STATE, ZIP CODE 12000 LAMAR OVERLAND PARK, KS 66209 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SS380 Continued From page 3 The facility provided a policy without a date entitled Water Temperature Policy which directed the facility to follow the state regulations regarding water temperatures and the facility would have the maximum variation of 98 degrees to 120 degrees F. The facility failed to maintain water temperatures						01/25/2013				
OVERLAND PARK, KS 66209 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S5380 Continued From page 3 The facility provided a policy without a date entitled Water Temperature Policy which directed the facility to follow the state regulations regarding water temperatures and the facility would have the maximum variation of 98 degrees to 120 degrees F. The facility failed to maintain water temperatures				STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	, , , , , ,			
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